

New York State Department of Health
1% STATEWIDE ASSESSMENT – PUBLIC GOODS POOL
2003 Remittance Advice Form
(FOR DISCHARGES ON OR AFTER JANUARY 1, 2003)

Hospital: _____ Operating Certificate No.: _____
For Month of: _____ Contact Person: _____
Telephone Number: _____

WHOLE DOLLARS ONLY

Net Patient Services Revenue Determination (See General Instructions)

1. Total 2003 Net Patient Services Revenue Received, including surcharges (*Note A*)
(sum Line 1 on pages 1 and 5 of the 2003 Public Goods Pool-Hospital Inpatient
Services Report) _____
2. Less Revenue Non-Assessable for the Statewide Assessment:
 - a. Revenue Received from a Public Hospital Pursuant to an Affiliation Agreement
Contract (sum Line 2(d) on pages 1 and 5 of the 2003 Public Goods Pool-Hospital
Inpatient Services Report) _____
 - b. Revenue Received for Residential Health Care and Hospice Services (sum Line
2(e) on pages 1 and 5 of the 2003 Public Goods Pool-Hospital Inpatient Services
Report) _____
 - c. Physician Practice or Faculty Practice Plan Revenue Based on Discrete Billings
for Private Practicing Physician Services (sum Line 2(f) on pages 1 and 5 of the
2003 Public Goods Pool-Hospital Inpatient Services Report) _____
 - d. Payments received directly from the Public Goods Pool (sum Line 2(g) on
pages 1 and 5 of the 2003 Public Goods Pool-Hospital Inpatient Services Report) _____
 - e. Governmental Deficit Financing Grants (sum Line 2(h) on pages 1 and 5 of the
2003 Public Goods Pool-Hospital Inpatient Services Report) _____
 - f. **Non-GME** Pool Distributions from the Public Goods Pools and NYPHRM Pool
Distributions (**Important - See Instructions**) _____
3. Total Non-Assessable Revenue (sum of Lines 2a through 2f) _____
4. Total Assessable Revenue Received (Line 1 minus Line 3) _____
5. Less Gross Surcharges Payable (sum Line 14 on pages 2 and 6 of the Public Goods
Pool-Hospital Inpatient Services Report) _____
6. Net Assessable Revenue Received (Line 4 minus Line 5) _____
7. Statewide Assessment (Line 6 x 1.00%) _____
8. Less: Credit for Prior 2003 Overpayments _____
9. Amount Due the Statewide Assessment (Line 7 minus Line 8) _____

Make check payable to: Public Goods Pool (SW). Mail Check and Remittance Advice to:

Mr. Jerome Alaimo, Pool Administrator
Office of Pool Administration
Excelsus BlueCross BlueShield, Central New York Region
344 South Warren Street
Syracuse, New York 13202-2008

(A) Including recoveries received from 2003 accounts receivable previously written off as uncollectible.